

APPLICATION FOR PARTICIPATION IN:

THE MANILAQ ASSOCIATION SCHOLARSHIP PROGRAM

ALL MATERIALS SUBMITTED BECOME THE PROPERTY OF THE MANILAQ ASSOCIATION AND SHALL NOT BE RETURNED

SECTION A: GENERAL

1. DISCIPLINE OR PREREQUISITE TRACK:

2. YOUR FULL NAME: \_\_\_\_\_

3. STREET ADDRESS: \_\_\_\_\_

4. CITY, STATE, AND ZIP CODE: \_\_\_\_\_

5a. HOME TELEPHONE NUMBER: \_\_\_\_\_

5b. DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

6. SOCIAL SECURITY NUMBER: \_\_\_\_\_

7. PLACE OF BIRTH:

CITY

STATE OR COUNTRY

8. Are you a citizen or national of the United States?(Only U.S. citizens or nationals are eligible to receive Scholarship awards.) Yes  No

9. Are you an American Indian or Alaska Native? Those eligible for scholarship awards are applicants who are identified as American Indians or Alaska Natives. If an applicant claims this preference, they must submit with their application supporting documentary evidence from their tribal government or the Bureau of Indian Affairs or the Department of the Interior. Consideration is given only to those applicants who qualify for priority selection as stated in the *Instruction Booklet*. Yes  No

10. Tribal Affiliation (must attach proof): \_\_\_\_\_

11. Tribal Recognition (mark the box of the appropriate number):

Federally Recognized

State Recognized

If your tribe is STATE recognized, provide telephone number and address of your state Attorney General's office or Commissioner of Indian Affairs.

TELEPHONE NUMBER: AREA CODE (        )                      -	
ADDRESS	
CITY	
STATE	ZIP

12. Have you ever received Federal support under the Scholarship program for First-Year Students of Exceptional Financial Need (EFN)? (Preferential consideration will be given to otherwise eligible applicants who are identified as previous recipients of EFN Scholarships. Applicants wishing to claim this preference must submit a letter of verification from an official at the school in which the EFN Scholarship was received.)

Yes                       No

### 13. PREVIOUS SERVICE COMMITMENT

Are you currently under any obligation to practice your profession in a State or other entity upon the completion of your professional training that would conflict with the service obligation incurred under this Scholarship?

Yes                       No

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SECTION B: DEGREE PROGRAM
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Your answers to this section should pertain only to the scholarship for which you are applying.

1. Will you be enrolled as a full-time or part-time student for the academic year for which you are applying? (You must remain full-time or part-time for the full academic year.)

Full-time                       Part-time

Indicate the number of credit hours (e.g., PT = 6 to 11, FT = 12 or more) you will be enrolled for the term, quarter or semester.

Full-time                        Part-time

2. Print name of school in which you are enrolled or have been accepted for enrollment.

School

3. Print Location of School.

City: \_\_\_\_\_ State: \_\_\_\_\_

4. Indicate the month and year you first attended or will attend school: \_\_\_\_\_

5. In which of the following categories will you be charged tuition and fees for the school year in which you are applying for a scholarship?

- Resident/In-state  
 Non-resident/Out-of-state  
 School charges same tuition and fees regardless of resident status

6. What YEAR of coursework will you be enrolled in during the academic year for which you are applying for a scholarship?

\_\_\_\_ 1<sup>st</sup> year    \_\_\_\_ 2<sup>nd</sup> year    \_\_\_\_ 3<sup>rd</sup> year    \_\_\_\_ 4<sup>th</sup> year    \_\_\_\_ 5<sup>th</sup> year    \_\_\_\_ 6<sup>th</sup> year

7. EDUCATION: COLLEGE OR UNIVERSITY

If you have attended college or graduate school, please complete the following information showing your previous college or university education. Attach official transcripts from each college/university.

NAME AND LOCATION OF COLLEGE OR UNIVERSITY				Month/Year Attended		NUMBER OF CREDITS COMPLETED	TYPE OF DEGREE (BA, MS, ETC.)	MONTH/YEAR THAT DEGREE WAS OBTAINED*
	Name	City	State	From	To			
1.								
2.								
3.								
4.								
5.								

\*If graduating within 6 months, give month/year of expected degree.

**HIGH SCHOOL OR G.E.D.**

If you have **not** attended college, please complete the following. Write the name and location (City and State) of the high school you attended or where you obtained your GED high school equivalency. Attach an official copy of your high school transcripts or GED certificate with scores.

NAME AND LOCATION OF HIGH SCHOOL OR WHERE G.E.D. WAS OBTAINED				Month/Year Attended		HIGH SCHOOL GRADUATION DATE (MONTH/YEAR)	G.E.D. CERTIFICATION DATE (MONTH/YEAR)
	Name	City	State	From	To		
1.							
2.							

SECTION C: MISCELLANEOUS

1. Date of Birth (Month-Day-Year; e.g., February 5, 1974 would be written as 02-05-74) \_\_\_\_\_

2. Gender: Male  Female

3. If you do not receive a scholarship from the Maniilaq Association (MA) may the MA forward your application to another funding source (e.g., non-governmental, tribal or other government agencies)?

Yes  No

4. Grant number: \_\_\_\_\_

SECTION D: CERTIFICATION

I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for the rejection of this application, or, if awarded a Scholarship, that I am liable for repayment of all awarded funds and, further, that any false statement herein may be punished as a felony.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

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SECTION E: SERVICE OBLIGATION
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After graduation from the approved program of study, the scholarship recipients must meet their active duty service obligation with the Maniilaq Association. Recipients are required to serve one year for each year of scholarship support that they receive or the part-time equivalent thereof with a minimum service period of two years. The assignment opportunities are reviewed with each student as early as possible in the final school year and the HR Director will approve the student's confirmed assignment prior to graduation. The President/CEO of Maniilaq Association reserves the right to make final decisions regarding the assignment of scholarship recipients to fulfill their service obligation.

***Breach of Contract***

**Defaulting on the Scholarship Obligation**

*For Failure to Complete Academic Training funded by the Scholarship Program*

Participants who are dismissed from school for academic or disciplinary reasons, or who voluntarily terminate academic training before graduation from the educational program for which the scholarship was awarded, will be liable to Maniilaq for repayment of 100 percent of all Scholarship Program funds paid to them and to the school on their behalf. Payment must be made within 3 years from the date academic training is terminated. No interest will be charged on any part of this indebtedness Maniilaq within the 3-year period.

*For Failure to Begin or Complete the Service Obligation or Meet the Terms and Conditions of Deferment*

Participants breach their Scholarship contracts by failing to begin or complete their service obligation for any reason other than failure to complete academic training or by failing to comply with the terms and conditions of deferment. In these cases, participants are liable to repay the amount of all Scholarship funds paid to them and to the school on their behalf, plus interest.

The amount Maniilaq is entitled to recover shall be paid within 1 year of the date on which the applicant failed to begin or complete the period of obligated service, or failed to meet the terms and conditions of deferment.

*Delinquent Debt*

If the debt remains unpaid after the due date it will be referred for debt collection and/or Maniilaq attorneys for litigation. All delinquent debts must be reported to a commercial credit bureau and are subject to charges for administrative and court costs of collection.

**I have read and understand the obligations listed above:**

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*Applicant's Signature*

*Date*

**Maniilaq Association must receive completed applications and related materials before the appropriate deadline.**

Mail, hand deliver or fax your application to: Maniilaq Association, Human Resources, James “Qigñak” Endowment Scholarship Program, P.O. Box 256, Kotzebue, AK 99752, Tel (907)442-7652 or 7665, Toll Free (800)478-3312, Fax (907)442-7765 Web Site Address: [www.maniilaq.org](http://www.maniilaq.org) Email Address: [jdjohnson@maniilaq.org](mailto:jdjohnson@maniilaq.org) or [cheryl.richards@maniilaq.org](mailto:cheryl.richards@maniilaq.org)